



How to apply -

Applying for VR services requires a series of steps:

1. An individual provides information to VR staff during an intake interview. Information requested by IDVR is necessary to begin the eligibility assessment process.

AND

2. An individual agrees that he or she is available to complete the assessment process required to determine eligibility for VR services.

AND

3. At the intake interview, the individual provides a signed and dated application signature sheet to IDVR or makes an alternative request for application to IDVR.

The application process is complete when all steps have occurred.

It is helpful to complete the attached intake form and provide it to VR at your first appointment. However, you are not required to complete an intake form to schedule an appointment or meet with a VR counselor.

Contact your local VR office if you have additional questions about eligibility requirements, the application process, or would like to apply for services.

We look forward to working with you!

Idaho Division of Vocational Rehabilitation



VOCATIONAL REHABILITATION

Intake Form

(All information is important-please complete all fields)

I am a previous VR Customer: ☐ Yes ☐ No

If Yes, Where? _____

MY PERSONAL INFORMATION:

SS#: _____-_____-_____

Last Name: _____ First Name: _____

Middle: _____ Preferred Name: _____

Gender: ☐ Male ☐ Female Birth Date: ____/____/____

Previous Last Name: _____

MY ADDRESS:

Home Address:

City: _____ State: _____ Zip: _____

County: _____

☐ Check if mailing address is the same as home address

Home Address:

City: _____ State: _____ Zip: _____

County: _____

Primary Phone: (____)-____-____

☐ Voice ☐ VP ☐ Fax

Second Phone: (____)-____-____

☐ Voice ☐ VP ☐ Fax

E-mail: _____

RACE (may check more than one):

- ☐ American Indian or Alaska Native (tribal affiliation): _____
- ☐ Asian
- ☐ Black/African-American
- ☐ Hispanic or Latino (must also select a race or races
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Not Hispanic or Latino (must also select a race or races
- ☐ White

Are you legally able to work in the United States? ☐ Yes ☐ No

Do you have a driver's license? ☐ Yes ☐ No

Do you drive/mode of transportation? _____

OTHER:

Do you require communication assistance? ☐ Yes ☐ No

Explain:

Other needs request

Are you your own legal guardian? ☐ Yes ☐ No

Legal guardian's name: _____

Guardian's phone: _____ - _____ - _____ ☐ Voice ☐ VP ☐ Fax

CONTACTS: (Examples: Family, Friends, PO, Case Worker Etc.)

	Name	Relationship	Phone	Ext.#	Voice/VP/ Fax
1.			(____)-____-____		
2.			(____)-____-____		
3.			(____)-____-____		

What are your current living arrangements?

- | | |
|---|---|
| <input type="checkbox"/> Private Residence (home, apt, live w/family) | <input type="checkbox"/> Mental Health Facility |
| <input type="checkbox"/> Adult Correction Facility | <input type="checkbox"/> Nursing Home |
| <input type="checkbox"/> Community Residential/group home | <input type="checkbox"/> Other |
| <input type="checkbox"/> Halfway House | <input type="checkbox"/> Rehabilitation Facility |
| <input type="checkbox"/> Homeless/Shelter | <input type="checkbox"/> Substance Abuse Treatment Center |

Marital Status: ☐ Married ☐ Never Married ☐ Divorced ☐ Separated ☐ Widowed

- | | |
|---|--|
| <input type="checkbox"/> American Indian VR Services Program | <input type="checkbox"/> Center for Independent Living |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Community Rehabilitation Program |
| <input type="checkbox"/> Consumer Organizations or Advocacy Groups | <input type="checkbox"/> Educational Institutions (elementary/secondary) |
| <input type="checkbox"/> Educational Institutions (post-secondary) | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Employment Networks (not otherwise listed) | <input type="checkbox"/> Federal Student Aid (Pell grant, SEOG, work study, etc.) |
| <input type="checkbox"/> Intellectual and Developmental Disabilities Agencies | <input type="checkbox"/> Medical Health Provider (public or private) |
| <input type="checkbox"/> Mental Health Provider (public or private) | <input type="checkbox"/> No Service or Funding Provided |
| <input type="checkbox"/> One-Stop Agency | <input type="checkbox"/> Other Sources |
| <input type="checkbox"/> Other State Agency | <input type="checkbox"/> Other VR State Agency |
| <input type="checkbox"/> Public Housing Authority | <input type="checkbox"/> SSA (Disability Determination Service or district office) |
| <input type="checkbox"/> State Department of Correction/Juvenile Justice | <input type="checkbox"/> State Employment Service Agency |
| <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Welfare Agency (state or local government) |
| <input type="checkbox"/> Workers Compensation | |

Who referred you to VR?:

FINANCIAL:

Including yourself, number in household: _____ Number of Dependents: _____

Primary source of income/financial support:

- ☐ Personal Income (Employment earnings, interest, dividends, rent, retirement, and/or Social Security retirement benefits)
- ☐ Family and friends
- ☐ Public Support (SSI, SSDI, TANF, etc.)
- ☐ All other sources (e.g. private disability insurance, private charities, child support etc.)

SSDI Status: ☐ allowed ☐ denied ☐ pending ☐ not an applicant

SSI Status: ☐ allowed ☐ denied ☐ pending ☐ not an applicant

SSI Aged: \$ _____

VA: \$ _____

Workers Comp: \$ _____

SSI Disabled: _____

TANF: \$ _____

Other Public Support: \$ _____

SSDI: \$ _____

Veteran: ☐Yes ☐No

I have one or more of the following medical insurances:

- ☐ Not yet eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment
- ☐ Medicaid
- ☐ Medicare
- ☐ None
- ☐ Private insurance through other means
- ☐ Private insurance through own employer
- ☐ Public insurance from other sources

LEVEL OF EDUCATION AT REFERRAL

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Elementary Education (grades 1-8) | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Secondary Education, no high school diploma (grades 9-12) | <input type="checkbox"/> Any degree above a Master's e.g. Ph.D., Ed.D., J.D |
| <input type="checkbox"/> Attending special education program | <input type="checkbox"/> Vocational/Technical certificate |
| <input type="checkbox"/> High school equivalency certificate (GED) | <input type="checkbox"/> Occupational credential beyond undergraduate degree work (LSW, CPA) |
| <input type="checkbox"/> Post-secondary education, no degree or certificate | <input type="checkbox"/> Occupational credential beyond graduate degree work (CRC, LPC, LCASW) |
| <input type="checkbox"/> Associate's degree | |

Graduation date for highest level of education _____

If attending high school, the name of the school is:

What year did you start high school: _____

I am a student with a disability in high school:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a current 504 Accommodation Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a current IEP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT:

Last Year Employed: _____

Employment Status at referral:

- | | |
|---|--|
| <input type="checkbox"/> State agency-managed Business Enterprise Program (BEP) | <input type="checkbox"/> Not working: All other students |
| <input type="checkbox"/> Employment with supports in an integrated setting | <input type="checkbox"/> Not working: Other |
| <input type="checkbox"/> Employment without supports in an integrated setting | <input type="checkbox"/> Not working: Student in secondary education |
| <input type="checkbox"/> Extended Employment | <input type="checkbox"/> Not working: Trainee, Intern or Volunteer |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Self-Employment (Except BEP) |
| | <input type="checkbox"/> Unpaid Family Worker |

If you are working, average hours worked per week: _____

Salary: _____ ☐ Hourly ☐ Monthly ☐ Annually

My Work History:

(Starting with most recent and include applicable volunteer work)

#1 Employer: _____

Job Title: _____

Job Duties: _____

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving: _____

How did you get this job: _____

What duties did you do that were difficult to perform: _____

Was a special license required (CNA, CDL, etc.):

Can you return to this job? ☐ Yes ☐ No

If not, why:

Could someone at this employment give you a reference? ☐ Yes ☐ No

Who?

#2 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving:

How did you get this job:

What duties did you do that were difficult to perform:

Was a special license required (CNA, CDL, etc.):

Can you return to this job? ☐ Yes ☐ No

If not, why:

Could someone at this employment give you a reference? ☐ Yes ☐ No

Who? _____

#3 Employer: _____

Job Title: _____

Job Duties: _____

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving: _____

How did you get this job: _____

What duties did you do that were difficult to perform: _____

Was a special license required (CNA, CDL, etc.): _____

Can you return to this job? ☐ Yes ☐ No

If not, why: _____

Could someone at this employment give you a reference? ☐ Yes ☐ No

Who? _____

#4 Employer: _____

Job Title: _____

Job Duties: _____

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving:

How did you get this job:

What duties did you do that were difficult to perform:

Was a special license required (CNA, CDL, etc.):

Can you return to this job? ☐ Yes ☐ No

If not, why:

Could someone at this employment give you a reference? ☐ Yes ☐ No

Who?

#5 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving:

How did you get this job:

What duties did you do that were difficult to perform:

Was a special license required (CNA, CDL, etc.):

Can you return to this job? ☐ Yes ☐ No

If not, why:

Could someone at this employment give you a reference? ☐ Yes ☐ No

Who?

Have you been convicted of a felony: ☐ Yes ☐ No

Offense(s):

Date of Conviction(s):

State Where Conviction(s): Occurred:

Probation/Parole officer is:

IDOC # _____

Date Probation Started: _____

Completion Date _____

Restitution owed _____

DISABILITIES:

Please describe your disabilities and functional limitations:

(Physical, Injuries, Mental Health, Depression, Substance Abuse (drug and/or alcohol), Learning Disability, etc.)

My disability makes it difficult to?

(Describe how it affects you in the space provided)

☐ Stand ☐ Walk ☐ Sit ☐ Lift ☐ Bend ☐ Use hands or feet

Explain:

☐ See ☐ Hear ☐ Read ☐ Write

Explain:

☐ Concentrate ☐ Remember ☐ Learn ☐ Understand

Explain:

☐ Handle stress ☐ Control emotions ☐ Work with others ☐ Communicate

Explain:

☐ Other:

Explain:

How do your disabilities affect your current ability to work or keep a job?

How do you think Vocational Rehabilitation can help you get a job and keep one? What are your employment needs?

*****Agency Use Only*****

Next step in establishing eligibility:

Counselor additional information or comments:
